

Investigation – RI Definitions & Rules for Entering Investigation

Note: RED = Required, BLUE = Required Conditionally, BLACK = Not Required, GRAY = Condition Specific

Brief Description or Field Name	Description	RI Rules for Data Entry			
Investigation Summary					
Jurisdiction	The region responsible for the investigation. RI has only 1 jurisdiction	Required			
Program Area	The organizational ownership of the investigation. Program areas (e.g. General Communicable Diseases, Hepatitis, STD, HIV/AIDS, Vaccine Preventable) are defined by the conditions for which they provide primary prevention and control. This is pre-populated based on the condition.	Required Select General Communciable Diseases			
State Case ID	Open field to be used by OCD, if needed.	Not Required			
Investigation Start Date	Date the investigation was entered into NEDSS.	Required			
Investigation Status	The status of the investigation: Open or Closed. Leave as OPEN until the investigation is completed (i.e. until all pertinent facts necessary to evaluate the risk and determine if treatment is necessary.) Then change to CLOSED				
Share record with Guests	This field indicates whether or not the record should be shared with all users who have guest privileges for the Program Area/Jurisdiction. Defaults to checked. OK to leave checked. Not in use by RI at this time	Not Required			



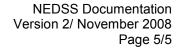
Brief Description or Field Name	Description	RI Rules for Data Entry			
Investigator	The name of the person who is responsible for the case investigation. Quick code = first initial of first name +first 5 letters of last name.	Required.			
Date assigned to Investigation	The date that the Investigation was assigned to the investigator or the date the investigator started the investigation if self-assigned	Not Required			
Reporting Source					
Date of Report	Date first reported by reporting source if reported by phone or date received by person on-call if animal bite.	Not Required			
Reporting Source (Drop down menu)	Type of facility or provider associated with the source of information sent to Public Health. For Animal Rabies it would be the Health Laboratory	Required			
Reporting Source	Name of facility that sent the report. Must use search key or Code Lookup.	Not Required			
Earliest Date Reported to County	Date first reported to County	Not Required			
Earliest Date Reported to State	Date first reported to State	Required			
Reporter	Search table for who Reported the case	Not required.			



Clinical				
Physician	Search table for patient's physician.	Required if known		
Was the patient hospitalized for this illness?	Was the patient hospitalized for this illness?	Required, if known		
Diagnosis Date	Date of diagnosis of condition being reported.	Not required		
Illness Onset Date	Date of the beginning of the illness. Reported date of the onset of symptoms of the condition being reported to the public health system. Enter date of 1st symptom related to this illness	Required, if known		
Illness End Date	The time at which the disease or condition ends.	Required, if known		
Illness Duration	The length of time this person had this disease or condition. Must calculate from End Date and Onset Date	Required, if known		
Age at Onset	Subject's age at the time of the incident	Required if NO DOB, otherwise not required		
Is the patient pregnant?	Assesses whether or not the patient is pregnant. For Female patients only.	Required for Hepatitis only		
Does the patient have pelvic inflammatory disease?	Did the patient have PID?	Not Required		
Did the patient die from this illness?	Did the patient die from this illness?	Required, if known		
Epidemiologic				
Is this patient associated with a day care facility?	Indicates whether the subject of the investigation was associated with a day care facility. The association could mean that the subject attended daycare or work in a daycare facility.			



Is this patient a food handler?	Indicates whether the subject of the investigation was food handler.	Not Required
Is this case part of an outbreak?	Denotes whether the reported case was associated with an identified outbreak.	Required – fill in "No" unless given specific directions otherwise.
Where was the disease acquired?	Indication of where the disease/condition was likely acquired.	Condition Specific
Transmission Mode	Code for the mechanism by which disease or condition was acquired by the subject of the investigation.	Condition Specific
Detection Method	Code for the method by which the public health department was made aware of the case.	Not required
Confirmation Method	Code for the mechanism by which the case was classified. This attribute is intended to provide information about how the case classification status was derived. Example: Clinical diagnosis (non-laboratory confirmed), Epidemiologically linked, Laboratory confirmed, Unknown	Not required
Confirmation Date	The date the case was confirmed.	Not required
Case Status	Indication of the level of certainty regarding whether a person has a disease/condition. Where applicable, is defined by CSTE/CDC Standard Case Definition. For example: Confirmed, Probable or Suspect case.	Required Case Confirmation: Detection of toxin in epidemiologically implicated food (scallops, mussels, clams, cockles) OR Detection of large numbers of shellfish-poisoning-associated species of dinoflagellates in water from which epidemiologically implicated mollusks are gathered
MMWR Week	MMWR Week for which case information is to be counted for MMWR publication. Preentered field.	Not Required
MMWR Year	MMWR Year (YYYY) for which case information is to be counted for MMWR publication. MMWR year must	





correspond to year that the event occurred. For example: if the event occurred in Dec 2007 and you entered the information into NEDSS in Jan 2008 you will need to change the MMWR year to 2007 **Administrative General Comments** Field which contains general Required. Provide a brief summary of the comments for the investigation. findings of the investigation. Type of suspect food, where prepared, where eaten, and if traceback was conducted. **Condition Specific Custom fields Travel History** Not Required **Drinking Water Exposure** Not Required **Recreational Water Exposure** Not Required **Animal Contact** Not Required **Underlying Conditions** Not Required **Related Conditions** Required